

Study Guide: Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD)

Short-answer practice · 10 questions · answer key on the last page

How to use it — answer each question in two or three sentences from memory, then mark yourself against the key. This study guide provides a comprehensive review of the administration, structure, and diagnostic criteria associated with the SCID-5-PD, as well as best practices for clinical interview openings and orientation.

1. What are the three core "moves" of a successful clinical interview opening?

2. How is a rating of "2" defined in the SCID-5-PD, and what does it signify?

3. What specific requirements must be met regarding age and history to diagnose Antisocial Personality Disorder?

4. Explain the role of the SCID-5-SPQ in the assessment process.

5. How does the SCID-5-PD ensure that a personality disorder is not better explained by another mental health condition?

6. What are the primary diagnostic themes that define Cluster B personality disorders?

7. According to the interview orientation script, what four tasks should a clinician complete during the pre-interview preparation phase?

8. What is the purpose of the "unstructured" opening question in a clinical interview?

9. How does the SCID-5-PD handle symptoms that may be attributable to a General Medical Condition (GMC)?

10. Why is it critical for a clinician to "acknowledge before redirecting" during an interview?

Answer key

1. What are the three core "moves" of a successful clinical interview opening?

The first move is to introduce oneself and orient the client to the session's goals and time limits. The second move is to open broadly with an unstructured question to give the client the floor. The third move is to acknowledge before redirecting to maintain rapport while maintaining clinical control.

2. How is a rating of "2" defined in the SCID-5-PD, and what does it signify?

A rating of "2" signifies that a diagnostic criterion has reached the "Threshold" level. This indicates the criterion has been fully met in terms of severity and pervasiveness, meaning the symptom or trait is present to a clinically significant degree that satisfies the diagnostic requirement.

3. What specific requirements must be met regarding age and history to diagnose Antisocial Personality Disorder?

The individual must be at least 18 years old to receive the diagnosis. Additionally, there must be evidence of Conduct Disorder with onset before age 15, establishing that the pattern of disregard for others' rights has an early developmental history.

4. Explain the role of the SCID-5-SPQ in the assessment process.

The SCID-5-SPQ is the Screening Personality Questionnaire used to identify potential areas of concern before the clinical interview. It is a self-report instrument that highlights likely diagnostic clusters and symptom domains for the clinician to investigate more thoroughly during the structured interview.

5. How does the SCID-5-PD ensure that a personality disorder is not better explained by another mental health condition?

Criterion E stipulates that the enduring pattern must not be a manifestation or consequence of another mental disorder. The clinician must rule out that the personality traits are merely symptoms of conditions such as a mood episode, psychotic disorder, or anxiety disorder.

6. What are the primary diagnostic themes that define Cluster B personality disorders?

Cluster B disorders — Histrionic, Narcissistic, Borderline, and Antisocial — are generally characterised by patterns of dramatic, emotional, or erratic behaviour. Key themes include emotional dysregulation, impulsivity, grandiosity or attention-seeking, and difficulties in interpersonal relationships often marked by instability or exploitation.

7. According to the interview orientation script, what four tasks should a clinician complete during the pre-interview preparation phase?

Clinicians should identify likely diagnostic clusters from referral information, note key symptom domains to probe, review any screening questionnaire responses, and mentally orient to the interview's structure and time constraints to maintain efficient pacing.

8. What is the purpose of the "unstructured" opening question in a clinical interview?

Opening broadly gives the client the floor and provides immediate observational data regarding their presentation style, coherence, and areas of spontaneous concern. This unstructured approach also signals a collaborative, respectful stance before the more structured questioning begins.

9. How does the SCID-5-PD handle symptoms that may be attributable to a General Medical Condition (GMC)?

Criterion F states that a personality disorder cannot be diagnosed if the pattern is a direct physiological consequence of a general medical condition. The clinician must determine whether the persistent personality traits predate and are independent of any identified medical aetiology.

10. Why is it critical for a clinician to "acknowledge before redirecting" during an interview?

This move confirms that the clinician has been listening and values the client's input, which helps maintain rapport and the therapeutic alliance. Without acknowledgement, abrupt redirections can feel dismissive and may cause the client to disengage or withhold clinically important information.